ALL ABOUT MY CHILD

Child's name:

Nickname/preferred name:

Pronouns preferred:

Date of birth: / /

PLACE CHILD'S PHOTO HERE

PREFERRED LANGUAGE

What is/are the primary language(s) spoken at home?

Are there other people (not related to you) who live with you and your child? ☐ Yes ☐ No

If yes, what language(s) do they most often speak to your child?

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____
Any speech difficulties? _____
Language spoken at home _____ Any history of colic? _____
Does your child use pacifier or suck thumb? _____

HEALTH

Any known complications at birth? Was child premature? _____
Serious illnesses and/or hospitalizations? _____
Special physical conditions, disabilities? _____
Does your child have an IEP? _____ **(If yes, we need a copy on file)**

TOILET HABITS

Are disposable or cloth diapers used? _____ Does your child frequently get diaper rashes? _____
If yes, what usually helps most: _____
Are bowel movements regular? _____ How many per day? _____
Is there a problem with diarrhea? _____ Constipation? _____
Has toilet training been attempted? _____
Please describe any particular procedure to be used for your child at the center:
_____
What is used at home? Potty chair? ___ Regular seat? __ Special seat? __
How does your child indicate bathroom needs: _____
Does your child have accidents? _____

SLEEPING HABITS

Does your child sleep in a crib? _____ Co-sleep? _____ Bed? _____
When does your child go to bed at night? _____ Get up? _____
Describe any special sleeping needs: _____
How do you get your child to go to sleep?
_____

Is this your child's first experience in child care? ☐ Yes ☐ No
How would you describe your child's personality? _____

Does your child have difficulty communicating wants/needs? ☐ Yes ☐ No
If yes, how do you handle this? _____

How does your child prefer to play? ☐ alone ☐ with one friend ☐ with a group of friends ☐ other
What does your child enjoy most? ☐ quiet play ☐ noisy play ☐ both
What are your child's favorite toys? _____

What are your child's favorite foods? _____
What are foods your child's refuses? _____
Are there any foods your child cannot be served? _____

Is your child fed in your lap, at the table, in a high chair, allowed to walk around? _____

What kinds of stories does your child enjoy? _____
What types of music does your child like? _____
Any favorite songs? _____

What are your child's favorite activities to do at home? _____

Does your child participate in any activities outside of the home? ☐ Yes ☐ No
If yes, what are they? _____

What may cause your child to become upset or have a difficult time? _____

How do you help your child cope when your child is having a difficult time? _____

How do you discipline/redirect your child at home? _____

Does your child have any fears or is afraid of anything? _____

What helps to calm your child down or make your child feel better? _____

Is there anything you want to share about your child you feel will help your child thrive while in care? _____

What would you like your child to gain from this child care experience? _____

What, if any, accessibility needs does your child have and how can we best meet those needs? _____

Home Life

Who are the adults primarily responsible for your child? _____

Who lives in the home? _____

Are there any custody/visitation orders we need to be aware of? ☐ Yes ☐ No.

If yes, what are they? _____

Does your child have any siblings? ☐ Yes ☐ No

If yes, what are their names and ages? _____

What is your home routine like? _____

Tell us about any pets: _____

What is your child's/family's race/ethnicity? _____

Is there anything important for me to know about your child's/family's race/ethnicity? _____

Does your family celebrate any special occasions/holidays/traditions? ☐ Yes ☐ No

If yes, what are they? _____

Are there any special cultural celebrations you and your family celebrate that you would like to share with our program? _____

Are there any services your family may need? ☐ Yes ☐ No

What, if any, talents or skills does your family have that you may be willing to share with the other children?

_____

Are you willing to volunteer for special events for the children? If so, when is your preferred availability?

_____

Who is the primary contact for your child? _____

What is the best method to communicate with you? _____

What days/times are best for a quick check-in with you? _____

Notes: Is there anything else you would like us to know about your child?